

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/ 584 424

FILING DATE

6-22-04

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3	1		1			
4	1		1			
5		4		1		
6						
7						
8						
9						
10						
11						
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15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30	1		1			
31						
32						
33						
34						
35						
36						
37						
38	1		1			
39						
40						
41						
42						
43						
44						
45						
46						
47						
48						
49	1		1			
50		1		1		
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		2		1		
52		2		1		
53	1		1			
54	1		1			
55	1		1			
56		1		1		
57		1		1		
58		1		1		
59		1		1		
60		1		1		
61	1		1			
62		1		1		
63		1		1		
64		1		1		
65		1		1		
66		1		1		
67	1		1			
68		1		1		
69	1		1			
70	1		1			
71		4		1		
72		4		1		
73		4		1		
74		1		1		
75		1		1		
76						
77						
78						
79						
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90						
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93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.		↓	11	↓		↓
TOTAL DEP.		←	60	←		←
TOTAL CLAIMS			71			